



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 7, 2025

Administrator  
Prairie View Senior Living  
250 FIFTH STREET EAST  
TRACY, MN 56175

RE: CCN:245371

Cycle Start Date: July 18, 2025

Dear Administrator:

On July 18, 2025, a survey was completed at your facility by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.

- How the facility will identify other residents having the potential to be affected by the same deficient practice.

What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

## DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Regional Supervisor, Federal Rapid Response  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
3425 40th Avenue NW, Suite 115  
Rochester, MN 55901  
Email: Lisa.Krebs@state.mn.us  
Office (507) 206-2728

## **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section

above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

### **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or

Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

### **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

If substantial compliance with the regulations is not verified by October 18, 2025(three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by January 18, 2026(six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

### **INFORMAL DISPUTE RESOLUTION (IDR)**

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have

one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at:

[https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

### **INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)**

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing  
Compliance Analyst | Federal Enforcement  
Health Regulation Division  
**Minnesota Department of Health**  
[Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

Office: 651-201-4112



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered  
August 7, 2025

Administrator  
Prairie View Senior Living

Re: State Nursing Home Licensing Orders  
Event ID: 1D141BH1

Dear Administrator:

The above facility was surveyed on July 18, 2025, for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html). The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion

of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by."

Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Lisa Krebs, Regional Supervisor, Federal Rapid Response  
Health Regulation Division  
Minnesota Department of Health  
Rochester District Office  
3425 40th Avenue NW, Suite 115  
Rochester, MN 55901  
Email: Lisa.Krebs@state.mn.us  
Office (507) 206-2728

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing  
Compliance Analyst | Federal Enforcement  
Health Regulation Division  
**Minnesota Department of Health**  
[Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)  
Office: 651-201-4112



<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER <b>Prairie View Senior Living</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 FIFTH STREET EAST , TRACY, Minnesota, 56175</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F0000	<p>INITIAL COMMENTS</p> <p>On 7/17/25 and 7/18/25, a standard abbreviated survey was completed at your facility by surveyors from the Minnesota Department of Health (MDH). The facility was not found NOT to be in compliance with the requirements of 42 CFR Part 483, Subpart B, requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed: H53718948C (MN00114386) with a deficiency cited at F580.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		08/07/2025
F0580 SS = D	<p>Notify of Changes (Injury/Decline/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due</p>	F0580	<p>F580</p> <p>Plan of Correction</p> <p>1. In Continuing Compliance with F580, Notify of Changes, Prairie View Senior Living corrected the deficiency by Executive Director educating the Charge Nurse, who failed to notify physician of change in resident skin condition, of the Accura Skin Management Protocol and the requirements to notify physician with any change of resident skin condition on 7/24/2025.</p> <p>2. To ensure the deficiency does not recur, the Director of Nursing educated all licensed nurses on the Accura Skin Management Protocol and the requirements for notification to physician of change in resident skin condition by 7/28/25.</p> <p>3. Assistant Director of Nursing/Wound Nurse and/or designee will audit the 24-hour report for physician notification related to change of resident skin condition 3x/week for 4 weeks, then twice a week for 4 weeks then randomly to ensure continued compliance.</p>	07/28/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0580 SS = D	<p>Continued from page 1 to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to notify physician of skin alteration for 1 of 3 (R1) residents reviewed for change of condition.</p> <p>Findings include</p> <p>R1's admission Minimum Data Set (MDS) dated 6/10/25, indicated R1 had intact cognition. R1 had infection to the foot and was receiving application of nonsurgical dressing with ointment/medication to her feet.</p> <p>R1's progress note dated 6/4/25 at 1:30 p.m., indicated</p>	F0580	<p>Continued from page 1</p> <p>4. As part of Prairie View Senior Living's ongoing commitment to quality assurance, the Director of Nursing and/or designee will report identified concerns through the community's QA Process.</p> <p>Compliance Date: 7/28/2025</p>	

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F0580 SS = D	<p>Continued from page 2</p> <p>R1 was admitted via electric scooter from local hospital with many bruises on arms and an open area left great toe.</p> <p>R1's progress notes dated 6/5/25 at 4:08 a.m., indicated admission skin assessment completed and there were multiple bruises noted on bilateral arms and legs and dressing remained intact to left great toe.</p> <p>R1's record reviewed between 6/5/25 through 6/11/25 revealed although the progress notes identified R1 had developed skin changes to her right foot that included discoloration, a large bump, and a large fluid filled blister, it was not evident the physician was notified of the change until 6/12/25. R1's progress notes included the following:</p> <p>R1's progress notes dated 6/8/25 at 3:32 a.m., indicated on 6/7/25, staff alerted writer the R1 had a large bump on the top of her right foot. The site looked inflamed and black/blue in color. A border was drawn around the edges to monitor for changes in size.</p> <p>R1's progress note dated 6/9/25 at 9:13 a.m., R1's top of right foot was noted to be dark in color with a fluid filled intact blister. R1 reported she had bumped it the other day when she lost her balance but did not fall. Area left open to air and continue to observe.</p> <p>R1's progress notes dated 6/10/25 at 12:11 a.m., indicated the fluid filled blister was extending the border that was drawn on 6/7/25 and measured over the raised area 9.2 centimeters (cm) high x 11.4 cm wide. Remained open to the air.</p> <p>R1's progress notes dated 6/10/25 at 7:24 a.m., indicated R1 had a blister like area on her right foot and cellulitis in left great toe.</p> <p>R1's progress notes dated 6/10/25 at 11:15 a.m., indicated a very large intact blister to top of right foot. Skin very thin and transparent with fluid pool present. Remains open to air at time. Will continue to observe.</p> <p>R1's progress notes dated 6/11/25 at 1:22 p.m., indicated left great toe cellulitis with slow improvement noted. Scant bleeding with dressing removal. Skin remains open. Antibiotics complete. Continue current treatment, see wound flow sheet for further information. Continue to observe.</p> <p>R1's progress notes dated 6/12/25 at 2:54 p.m., indicated R1 was seen by physician on rounds for</p>	F0580		

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F0580 SS = D	<p>Continued from page 3 blister on top of right foot. physician completed sharp debridement to area. Dressed with Adaptec (moist dressing), gauze pad and kerlix. R1 to start doxycycline (an antibiotic) and compression provided with ace wraps.</p> <p>During an interview on 7/18/25 at 10:56 a.m., director of nursing (DON) stated it was her expectation that any skin concerns were brought the physician's attention as soon as possible. The nurse should do an assessment, with measurements, start a treatment and make a progress note.</p> <p>During an interview on 7/18/25 1:30 p.m. MD-A indicated the wound was brought to his attention during rounds on 6/12/25. MD-A further stated the wound could have extended R1's stay at the facility, as there was no evidence of physician notification until 6/12/25.</p> <p>Review of facility policy entitled "Weekly Skin Assessment and Documentation Process", dated 1/20/23, identified the following:</p> <p>c.) Notification to Physician</p> <p>1- The nurse who initially identifies the skin alteration, they should utilize the fax forms to notify the physician/nurse practitioner or call and put the new order into the electronic health record.</p>	F0580		

Minnesota State Department of Health

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20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 7/17/25 and 7/18/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with MN State Licensure, and the following licensing orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.</p>	20000		08/07/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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20000	<p>Continued from page 1 The following complaints were reviewed: H H53718948C (MN00114386) with a licensing order issued at 0265.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html</a>. The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p>	20000		
20265	<p>Notification of Chg in Resident Health Status</p> <p>CFR(s): MN Rule 4658.0085</p> <p>A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria</p>	20265	Corrected	07/28/2025

Minnesota State Department of Health

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NAME OF PROVIDER OR SUPPLIER <b>Prairie View Senior Living</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 FIFTH STREET EAST , TRACY, Minnesota, 56175</b>	
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20265	<p>Continued from page 2 which address at least the appropriate notification times for:</p> <p>A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;</p> <p>C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;</p> <p>D. a decision to transfer or discharge the resident from the nursing home; or</p> <p>E. expected and unexpected resident deaths.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to notify physician of skin alteration for 1 of 3 (R1) residents reviewed for change of condition.</p> <p>Findings include</p> <p>R1's admission Minimum Data Set (MDS) dated 6/10/25, indicated R1 had intact cognition. R1 had infection to the foot and was receiving application of nonsurgical dressing with ointment/medication to her feet.</p> <p>R1's progress note dated 6/4/25 at 1:30 p.m., indicated R1 was admitted via electric scooter from local hospital with many bruises on arms and an open area left great toe.</p> <p>R1's progress notes dated 6/5/25 at 4:08 a.m., indicated admission skin assessment completed and there were multiple bruises noted on bilateral arms and legs and dressing remained intact to left great toe.</p> <p>R1's record reviewed between 6/5/25 through 6/11/25 revealed although the progress notes identified R1 had developed skin changes to her right foot that included</p>	20265		

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/18/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Prairie View Senior Living</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 FIFTH STREET EAST , TRACY, Minnesota, 56175</b>	
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20265	<p>Continued from page 3</p> <p>discoloration, a large bump, and a large fluid filled blister, it was not evident the physician was notified of the change until 6/12/25. R1's progress notes included the following:</p> <p>R1's progress notes dated 6/8/25 at 3:32 a.m., indicated on 6/7/25, staff alerted writer the R1 had a large bump on the top of her right foot. The site looked inflamed and black/blue in color. A border was drawn around the edges to monitor for changes in size.</p> <p>R1's progress note dated 6/9/25 at 9:13 a.m., R1's top of right foot was noted to be dark in color with a fluid filled intact blister. R1 reported she had bumped it the other day when she lost her balance but did not fall. Area left open to air and continue to observe.</p> <p>R1's progress notes dated 6/10/25 at 12:11 a.m., indicated the fluid filled blister was extending the border that was drawn on 6/7/25 and measured over the raised area 9.2 centimeters (cm) high x 11.4 cm wide. Remained open to the air.</p> <p>R1's progress notes dated 6/10/25 at 7:24 a.m., indicated R1 had a blister like area on her right foot and cellulitis in left great toe.</p> <p>R1's progress notes dated 6/10/25 at 11:15 a.m., indicated a very large intact blister to top of right foot. Skin very thin and transparent with fluid pool present. Remains open to air at time. Will continue to observe.</p> <p>R1's progress notes dated 6/11/25 at 1:22 p.m., indicated left great toe cellulitis with slow improvement noted. Scant bleeding with dressing removal. Skin remains open. Antibiotics complete. Continue current treatment, see wound flow sheet for further information. Continue to observe.</p> <p>R1's progress notes dated 6/12/25 at 2:54 p.m., indicated R1 was seen by physician on rounds for blister on top of right foot. physician completed sharp debridement to area. Dressed with Adaptec (moist dressing), gauze pad and kerlix. R1 to start doxycycline (an antibiotic) and compression provided with ace wraps.</p> <p>During an interview on 7/18/25 at 10:56 a.m., director of nursing (DON) stated it was her expectation that any skin concerns were brought the physician's attention as soon as possible. The nurse should do an assessment, with measurements, start a treatment and make a progress note.</p>	20265		

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20265	<p>Continued from page 4</p> <p>During an interview on 7/18/25 1:30 p.m. MD-A indicated the wound was brought to his attention during rounds on 6/12/25. MD-A further stated the wound could have extended R1's stay at the facility, as there was no evidence of physician notification until 6/12/25.</p> <p>Review of facility policy entitled "Weekly Skin Assessment and Documentation Process", dated 1/20/23, identified the following:</p> <p>c.) Notification to Physician</p> <p>1- The nurse who initially identifies the skin alteration, they should utilize the fax forms to notify the physician/nurse practitioner or call and put the new order into the electronic health record.</p> <p>Suggested Method of Correction: the DON/designee could review policy and procedure, educate staff on physician notification, and then develop an auditing system to ensure ongoing compliance.</p> <p>Time period of correction: 21 days.</p>	20265		